many valuable suggestions regarding these quite common disturbances emphasizing the perverted physiology underlying.

A resolution protesting against the general use of lay anesthetists was passed unanimously.

Next meeting to be in October.

At the April meeting a revised fee bill was adopted placing the fees in this county on about the same basis as those of Fresno and other adjoining counties.

Clinical Department

Physicians are invited to send in comment, suggestions, questions or similar experiences, in connection with any report appearing in this column. Unless advised to the contrary, the name of the writer will appear with each contribution.

CASE 2 FOR DIAGNOSIS

By J. TRACY MELVIN, M. D., Porterville, Calif.

Availing myself of your invitation to submit for discussion clinical cases that puzzle, I would submit the following:

Case History.—Girl, age 9, weight 80. Parents and four sisters living and well. Three years ago had repeated attacks of tonsillitis and tonsils were removed. Six months later had scarlet fever mild. No nephritic symptoms followed.

One year ago attack of pyelitis. Temperature 103, pulse 130, few red cells, colon bacillus found. Pus disappeared in four weeks; no blood or albumin since. B. P. 100-60, pulse remained 110. Urinary output since has fluctuated from 24 to 72 ozs. per day, last three months tending to more frequent higher quantity. Temperature normal a. m., to 99 and 101 5 p. m.

Von Pirquet and intra-cutaneous O. T. negative. Wassermann negative. Six months ago patient was somewhat choreic and has been kept quiet with long periods of absolute confinement to bed. Tires very easily, although disposed to be active as far as permitted. Sleeps well. Appetite fair, bowels regular.

One month ago had a moderate attack of chicken pox without much effect on the clinical picture. Has had several attacks of erythema nodosum lasting about two weeks each, recently. The urinary output will stand for several days near the lower figures and then, without any special change in symptoms, suddenly change to the higher for several days and as abruptly drop again.

No cardiac hypertrophy or murmurs.

I recall three similar cases in my experience which went to a fatal termination. one from broncho-pneumonia and two from uremia.

Editorial Comment: One would be strongly inclined to the opinion that this child has some obscure focus of infection. This would explain the chorea and erythema nodosum. If the tonsils have been thoroughly removed, the teeth and urinary tracts should be investigated as to the possibility of their being the source of bacterial invasion.

CASE HISTORIES FROM THE CHILDREN'S DEPARTMENT UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS

CASE NO. 8

March 3, 1916.

B. M., male, American, two days of age.

Complaint:—Bleeding from the cord.

Family History:—Father living and well. Mother living, is in general "poor health" and at present in puerperal state. One sister living and well, aged 18 years. One brother living and well, aged 17 months. Two children died, one aged 8 months of "teething"? and the other at age of 4 years, cause unknown. One miscarriage at 3 months, 3 years ago, from an accident. All the living children nursed 12 months and also the child who died at the age of 4 years. The other child was nursed until the time of death. There is no history of tuberculosis or directly of lues. No history of bleeding in any of the other children, nor in the family on the mother's side.

Past History and Present Illness:—Full-term and normal delivery. Birth weight 8½ pounds. The mother's milk came in rapidly and copiously. Baby was born February 25, 1916.

No abnormality was noted at birth and the baby cried lustily. At 1 A. M., February 28th, the mother noticed blood on the binder. The hospital was notified and the physician called, who brought the baby to the hospital at 2:30 A. M. When seen there was capillary oozing from the base of the cord. A tight band with gauze pad was applied but had to be replaced in an hour. In another hour an adrenalin soaked band was applied but was of no avail. At 7 A. M. kephalin was secured and applied under a very tight bandage. Temperature was normal at entry.

Physical Examination:—Well developed, apparently full term baby, beginning to show the effects of hemorrhage, although still crying vigorously. Head good shape, fontanelles and sutures normal, no tenseness. No neck rigidity. Skin slightly pale, lips pale and slightly cyanotic. Mucosae pale. Eyes, ears, nose negative. Chest good shape, no mammary distention. No ecchymoses or purpuric areas. Lungs expanded well. No pathological dullness and no rales. Heart dullness normal. Sounds foetal, slightly more so than normal, rapid, sinus arrhythmia marked. Pulse rapid but of fair volume. Abdomen symmetrical. Liver edge palpable 2 cm. below the costal margin. Spleen just palpable. Cord moist, darkened, at its base oozing blood constantly, with no signs of coagulation. No definite bleeding point. Skin surrounding cord not inflamed. No telangiectases. No purpuric areas on abdomen. Genitalia normal. Extremities normal, no ecchymoses, no bullae.

Laboratory Findings:—Wassermann in Father's Blood Serum + + +

Wassermann in Mother's Blood Serum—Negative. Wassermann 5 months previous also negative.)

Wassermann in Patient's Blood Serum—Negative.

Blood Determination for Coagulation Factors - Clotting time 70 minutes. Recalcified blood 105+ minutes; Cholaemia + + + Antithrombin—Normal. Von Pirquet on left arm - 24 hours: Human 0, Bovine 0, Control 0; 48 hours: Human 0, Bovine 0, Control 0.

Blood picture shows the leucocytosis of a severe anemia.

February 28:—A kephalin application failed to control the hemorrhage. At 5 P. M. the bandage was again soaked, and was re-enforced. The baby is showing the effects of hemorrhage.

10 P. M. There is extreme pallor, the mucosae are practically bloodless and the heart sounds weakening. The breathing is spasmodic. The whole condition in fact is desperate. 10 cc. citrated blood given into the buttocks, venous puncture being unsuccessful. 75 cc. or normal salt solution were also given subcutaneously in the pectoral region. Kephalin bandage replaced. There was some improvement but slight.

11 P. M. The baby again looks desperately and 8 cc. blood given into the longitudinal sinus.

February 29:—The father arrived at 1 A. M. and a larger syringe was secured and 35 cc. of his blood citrated was given into the longitudinal sinus. The baby is now breathing more easily and while still extremely pale, is slightly improved. It is difficult to maintain the body heat The last kephalin pressure bandage has served so far to allay the cord hemorrhage. A slight subconjunctival hemorrhage in the right eye at the nasal side, appeared last evening but there have been no hemorrhages from any of the mucous surfaces.

2:30 A. M. Bleeding has apparently been checked.

8:30 A. M. The baby looks much better, is breathing quietly and the heart sounds are much stronger. Bleeding from the cord is slight if any (the dressing was not disturbed.) The baby has continued to improve very rapidly in appearance now the hemorrhage has ceased.

March 1:—6 cc. of blood withdrawn for determination of coagulation factors shows:

Clotting time (Oxalated plasma)—18 minutes (Prothrombin).

Clotting time (Control)—7 minutes.

Clotting time (Recalcified plasma) Normal.

Clotting time (Recalcified plasma control)—Normal.

March 3:—No further cord hemorrhage has occurred, but there is still occult blood in the stools.

Résumé—Baby boy M., aged 2 days, entered the hospital at 2:30 A. M. on February 28th bleeding from the umbilicus for 1½ hours, blood having first been noticed in the binder at 1 A. M. The family history is entirely negative as regards bleeding or any chronic infection. The child was full-term and delivered after a normal pregnancy and labor—nothing abnormal had been noted for the first 28 hours of life. The bleeding then set in.

At entry there were already some signs of hemorrhage, pallor, and some weakness. The cord was oozing blood from its base—it had not yet separated. Pressure bandages both alone and with adrenalin failed to control the hemorrhage. A kephalin bandage served to check it slightly. Examination of the blood ten hours after entry showed an extreme deficiency, almost absence of prothrombin. Thirteen hours after entry the bandage was again soaked with blood and the baby was showing much more severely the effects of hemorrhage. Five hours later the baby was in such desperate condition that 10 cc. of citrated whole blood were given into the buttocks, together with 75 cc. salt solution hypodermically. In another hour 8 cc. whole blood were injected into the longitudinal sinus, and a final injection into the same area made 2½ hours after that of 35 cc. of whole blood. Undoubtedly if citrated blood had been given earlier the bleeding would have stopped much sooner. The bleeding was then apparently checked. Examination of the blood 36 hours later showed a normal prothrombin content. The baby rapidly recuperated and 5 days after entry was discharged in very good condition.

Wassermanns on the baby and mother were negative, on the father there was a triple positive reaction. Blood culture on the baby was negative—his blood picture was of a secondary anemia. Occult blood was present in the stools, but at no time was there macroscopic bleeding from the intestines or other mucous surfaces. A small conjunctival hemorrhage appeared shortly after entry, but was rapidly clearing at time of discharge. The urine contained no blood.

The question which cannot be answered in this case is whether the injections of whole blood controlled the hemorrhage, or whether they simply supported the child until spontaneous cessation of the hemorrhage could occur, the usual proceeding in untreated milder cases. The influence of the positive Wassermann reaction in the father is problematic in view of the negative reaction in the mother.

March 3:—Discharged.

Diagnosis:—Hemorrhagic Disease of the Newborn.

Condition:—Improved.

Treatment:—Kephalin locally.

Citrated Blood.

1 10 cc. intramuscular.

2. 43 cc. longitudinal sinus.

Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

FORMITOL TABLETS.—In a report of the Council on Pharmacy and Chemistry it was stated that Formitol Tablets of the E. L. Patch Company contained formaldehyd (or paraformaldehyd) and some hexamethylenamin, and that the formaldehyd (or paraformaldehyd) had been produced by the decomposition of the hexamethylenamin originally present in the tablets. The Council now reports that the Patch Company declares that no hexamethylenamin is used in the manufacture and that, therefore, that which was found must have been produced from the formaldehyd and ammonium chlorid in the tablets. The Council further reports that a printed sheet received from the Patch Company conveyed the information that Formitol Tablets contained ammonium chlorid, benzoic acid, citric acid, guaiac, hyoscyamus, menthol, paraformaldehyd and tannic acid, but gave no information as to the amounts of any of the ingredients except that each tablet was declared to represent 10 minims of a 1 per cent. formaldehyd solution. Because of the non-quantitative and, therefore, meaningless "formula" the A. M. A. Chemical Laboratory made an analysis of the tablets. The analysis indicated that the combined weight of all the claimed active ingredients is less than one grain per tablet. Formitol Tablets furnish a good illustration of some well-established truths: (1) "Formulas" that are non-quantitative are valueless or worse than valueless. (2) The fact that a manufacturer puts certain drugs in a mixture is no proof that these drugs are there when the mixture reaches the patient. (3) Complex mixtures should be avoided. It is absurd to expect, as is claimed in the case of Formitol Tablets, anodyne, antiseptic, astringent, expectorant and resolvent action, all at the same time (Jour. A. M. A., June 19, 1920, p. 1730).

It pays to advertise. The Council of Pharmacy and Chemistry of the A. M. A. has examined a number of brands of Acetylsalicylic acid (Aspirin) and found them to be fully up to the U. S. P. and in every way equal to the aspirin formerly furnished by the Bayer Company of Germany, and now furnished by their successors. It is not impossible that inferior brands of acetylsalicylic acid are on the market, but this will hold for practically everything and there is no difficulty in obtaining any of the standard brands. However, the public is led to believe by judicious advertising that all aspirin except the Bayer aspirin is impure and may even be largely talcum or some other inert substance, and it is also led to believe that the aspirin Bayer tablets are the only properly made tablets on the market, although no one can assure himself that there is any difficulty to obtain other tablets which disintegrate immediately upon being put into water.

Still, a very large proportion of the public insists upon Bayer's aspirin and Bayer's aspirin tablets. and it behooves the physician to help educate the public and to show that this is a fallacy.

Medicine Before the Bench

In this column will appear with appropriate comment, from month to month, court decisions